



## **Supplemental Application Data Sheet**

### **Application Information**

Application number::

Filing Date:: 9/26/03

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title :: Cell-Free Tissue Replacement For Tissue Engineering

Attorney Docket Number:: UTAU:1063

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 10

Small Entity?:: Yes

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

## **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Christine
Middle Name::	
Family Name::	Schmidt
Name Suffix::	
City of Residence::	Austin
State or Province of Residence::	TX
Country of Residence::	US
Street of mailing address::	9002 Currywood
City of mailing address::	Austin
State or Province of mailing address::	TX
Country of mailing address::	US
Postal or Zip Code of mailing address::	78759

## Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Terry
Middle Name::	
Family Name::	Hudson
Name Suffix::	
City of Residence::	Austin
State or Province of Residence::	TX
Country of Residence::	US
Street of mailing address::	5701 S. Mopac Apt. 123
City of mailing address::	Austin
State or Province of mailing address::	TX
Country of mailing address::	US
Postal or Zip Code of mailing address::	78748

## **Correspondence Information**

Correspondence Customer Number :: 34725

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Phone number::

Fax Number:

E-Mail address::

<b>Representative Information</b>		
Representative Customer Number::	34725	

-OR-

<b>Representative Designation::</b>	<b>Registration Number::</b>	<b>Representative Name::</b>

<b>Domestic Priority Information</b>			
Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
<b>This Application</b>	<b>Non-Provisional of</b>	<b>60/414,278</b>	<b>09/27/02</b>

<b>Foreign Priority Information</b>			
Country::	Application number::	Filing Date::	Priority Claimed::

<b>Assignee Information</b>	
Assignee name::	<b>Board Of Regents, The University Of Texas System</b>
Street of mailing address::	201 West 7 <sup>th</sup> Street
City of mailing address::	Austin
State or Province of mailing address::	TX
Country of mailing address::	US
Postal or Zip Code of mailing address::	78701